

APPLICATION FOR CERTIFICATION

PURPOSE

This application is to be used when a domestic violence treatment program requests certification pursuant to Penal Code Section 1203.097 and in accordance with Standards for Treatment of Domestic Violence Perpetrators of the San Diego Domestic Violence Council, Inc. (revised and approved 2007). The Standards, as adopted by the San Diego Domestic Violence Council, Inc., are for the entire county of San Diego.

PROGRAM CERTIFICATION

Certification of a treatment program is based on the information provided in this application, and the results of compliance as rated on the enclosed Certification Guide. Once a program is certified, certification is reviewed annually by the TEMC and the Probation Department. The Certification granted applies to the program. Any changes in program director/supervisor must be reported to the TEMC or Probation Department within 30 days and the new director/supervisor must apply for Supervisor Certification within 60 days. Please note: The program or the Clinical Supervisor must have a minimum of (2) years working with batterer's groups, pursuant to PC 123.098(a)(3)(B). Experience consists of a minimum of 1,500 hours of direct facilitation/co-facilitation of batterers' groups in not less than (2) years, and an additional year of working, in other capacities with batterers. Those who supervise more than (2) interns must have 500 hours of clinical supervisory experience within the last 10 years. When directors/supervisors change, the current program status reverts to "Provisional" until the program is re-certified under the new director.

INSTRUCTION

1. Study the Standards;
2. Write POSITION PAPERS. These are descriptions of the program philosophy which justify the policies and procedures you will develop and implement.
3. Develop written policies that conform to the Standards. These are your program's guiding principles or procedures.
4. Develop procedures that are consistent with your position papers. These are a series of steps or a course of action for conducting business.
5. Develop Model Plans (e.g., safety, treatment, relapse prevention) that conform to the Standards.
6. Provide necessary documentation.
7. Non-Gender specific terminology is required.

Note: The application is to be typed and organized in numerical sequence from Section 1.1 through 8.4 of the Standards. Requested documentation or attachments should be identified by corresponding Section numbers. Page numbering and binding is required.

Mail three (3) copies of the Application for Certification with a check or money order for the non-refundable \$250.00 application fee to the address listed below:

San Diego County Probation Department
3977 Ohio Street
San Diego, CA 92104
Attn: Domestic Violence Certification Officer

APPLICATION QUESTIONS

Please respond to the following:

1.0 DECLARATION OF PRINCIPLES: GENERAL QUESTIONS REGARDING PHILOSOPHY

Describe your program's philosophy regarding treatment with domestic violence perpetrators and your role with other community-based agencies also working with domestic violence perpetrators by responding to the following:

- 1.1 Describe your theoretical position regarding responsibility for and provocation of domestic violence.
- 1.2 Describe your knowledge, beliefs, and experience regarding the environment in which the victim of domestic violence lives. Include your position on the rights of a domestic violence victim.
- 1.3 What individual factors would be taken into account when designing an individual treatment plan?
- 1.4 Please provide a position paper and an outline of your program's policy and procedures regarding appropriate service treatment with domestic violence perpetrators.
- 1.5 Describe your role with other community based agencies and the criminal justice system working with domestic violence perpetrators. Describe what automated communication systems (fax-E-Mail-internet) will be used for interagency communication.
- 1.6 Describe how your program will heighten public awareness of domestic violence.
- 1.7 No documentation required.
- 1.8 No documentation required.
- 1.9 Describe your plan for meeting the needs of culturally diverse clients including same sex relationships.

2.0 thru 2.10 PURPOSE FOR DOMESTIC VIOLENCE TREATMENT STANDARDS

No documentation required.

3.0 thru 3.3 DEFINITION OF DOMESTIC VIOLENCE

No documentation required.

4.0 GENERAL AND ETHICAL STANDARDS FOR SERVICE PROVIDERS

4.1 Provide requested documents to include:

- a. Verification of current memberships in professional organizations to which staff and agency belong.
- b. Copy of professional organizations Code of Ethics and/or Standards.

4.2.1 Provide a position paper regarding agency mission statement and its commitment to a violence free family life.

Provide requested documents to include:

- a. Signed statement verifying staff members' commitment to be violence free in intimate love relationships, family life, and interpersonal relations.
- b. Relevant personnel policies governing staff members' behavior that violates the commitment to be violence free, and policies that recognize and acknowledge actions showing commitment to be violence free.

4.2.2 Provide a position paper regarding program policy and position regarding staff behavior as it relates to criminal convictions.

Provide requested documents to include:

- a. Signed statement under personal oath that the staff member agrees to behave ethically, morally, and legally in an exemplary manner in their personal and professional life.
- b. Signed statement under personal oath to disclose convictions that will have occurred following the start of employment, to the Treatment Program Director and to the Chairperson of the TEMC.

4.2.3 Provide a position paper regarding the use of discrimination, sexism, racism or bigotry in your program.

4.2.4 Provide a position paper regarding not using victim blaming.

4.2.5 Provide a position paper regarding drug and alcohol use by your staff.

Provide requested documents to include:

- a. Signed statement under personal oath that staff member agrees to live in a manner that is temperate, and moderate in use of alcohol and legally available drugs.

4.2.6 Provide a statement of your policy regarding the reporting of threats to do harm to another person, clearly stating your understanding of the Tarasoff and other rulings.

Provide your plan for training and updating of staff to carry out Tarasoff Decisions in actions that report the threats to the identified authorities including the Probation Department and/or prosecuting attorney and/or the Judge and/or other referral sources, relevant agencies or involved professionals that protects threatened victims.

Provide requested documents to include:

- a. Release of Information form authorizing release and exchange of information that is used by the Treatment Program mandatorily signed by clients upon entering the program.
- b. Signed statement under personal oath that staff has knowledge of the Tarasoff decisions and agreement to act according to the decisions.

- 4.2.7 Provide a written policy regarding reporting child or elder abuse, clearly stating your knowledge and understanding of those responsibilities pursuant to California Penal Code Article 2.5, Child Abuse and Neglect Reporting Act, Section 11166 and Welfare and Institution Code Article 4 Elder or Dependant Adult Abuse Section 15633.

Provide requested documents to include:

- b. Elder Abuse Reporting form.
- a. Child Protective Services' Child Abuse Reporting forms.
- c. Signed agreement that staff will abide by child and elder abuse reporting laws.

- 4.2.8 Provide a written position paper regarding the need to maintain open communication with other agencies.

Provide a written plan for communication to include automated communications with appropriate agencies assuring necessary services, cross referrals and reporting of safety concerns, treatments and management of cases. Include the County Domestic Violence Tracking System when this system becomes available.

Provide requested documents to include:

- a. Release of Information authorizing exchange of information with related, appropriate agencies used by Treatment Program.
- 4.2.9 Provide proof of liability insurance \$1 million dollar cap per incident.

- 4.3 Provide a written policy and procedure for reporting staff violations of ethical standards.

- 4.4 Provide a written policy regarding confidentiality.

Provide requested documents to include:

- a. Client contract explaining confidentiality.
- b. Release of Information authorizing exchange of information.

- 4.5 Provide a written policy outlining procedures for maintaining cooperative working relations with other providers and the Criminal Justice System.
Provide requested documents to include:
- a. List of community programs and Criminal Justice System agencies that provider maintains working relations.
 - b. Signed agreement to have a representative either a licensed staff member or the Program Coordinator present at eight (8) Treatment and Intervention Committee meetings a year.
- 4.6 Provide a written policy outlining a cooperative procedure for inter-program transfer of a client.
- 4.6.1 Exchange of information between programs.
Provide position paper. Release of information form.
- 4.6.2 Interprogram communication form. Appendix IV.
Statement of use. Provide copy of form.
- 4.6.3. Client termination for violation of the client contract.
Provide a written policy and procedure.
- 4.6.3.1 Reinstatement of client.
Provide policy and chart.
- 4.6.4 Transfer of client from one program to another.
Provide statement
- 4.6.4.1 Attendance information
Provide statement and copy of form.
- 4.6.5 Procedure for receiving Interprogram Communication form (3 days)
Provide statement.
- 4.7 Victim counseling.
- Provide a written policy outlining procedures and ethical guidelines on the Treatment Program's exchange of information between the victim's and perpetrator's therapists. The information to be exchanged to be relevant to victim protection and safety vs. danger to victims. The exchange of information policy to be guided by the principle of respecting the victim's control of information s/he has disclosed, such that it is not revealed without her/his permission.
- 4.8 Provide a written policy and procedure on how your program responds and assists a client in crisis.
- Provide requested documents to include:
- a. Client Contract stipulating crises and community resource services available.
 - b. Sample plan for crisis treatment.

- 4.9 Provide a written policy outlining procedures for scheduling intakes, evaluations of clients, and waiting lists within the time allowed by the STANDARDS.
- 4.10 Provide a written policy statement outlining the procedure for reporting the client's progress to the referral source.
- Provide requested documents to include:
- a. Standardized Domestic Violence Program Report form to be used for reporting client's progress to the referral source (Refer to Appendix V).
 - b. Model of written record tracing calls reporting non-compliance or non-attendance. (Phone log)
- 4.11 Provide your policy and procedure for setting fees for indigent clients and statement of total number of slots available.
- 4.11.1 Statement on acceptance of minimum "Indigent Fee" slot.
- Provide requested documents to include: copy of your fee scale including number of slots.
- 4.11.2 Statement of reduced fee. Policy on re-application and extensions. Provide statement.
- 4.11.3 Fees statement for indigent clients. Provide statement.
- 4.11.4 Indigent log
Provide statement and copy of log.
- 4.12 Provide a written policy outlining procedures for documenting violations of the client contract.
- Provide requested documentation to include:
- a. A copy of client violation log.
 - b. Standardized Domestic Violence Program Report form. Refer to Appendix V.
- 4.13 Provide a position paper and a written policy outlining procedures for contact with victim to offer information, support and services and/or referrals.
- 4.14 Provide a written policy outlining the procedure for using a contact log to document communications and information relevant to the client. (Refer to Appendix VI, for standardized form).
- 4.15 Provide a sample of Chart Order Checklist.
- 4.16 Provide a signed statement verifying each staff members' agreement to abide by the Standards and Penal Code 1203.097.

5.0 EDUCATION AND TRAINING REQUIREMENTS

5.1 Provide requested documentation to include:

- a. For each facilitator, provide a copy of current degree showing educational institution and date granted/bestowed.
- b. Copy of current license and most recent renewal for all licensed staff.
- c. Exceptions to education and experience requirements are determined by TEMC on a case by case basis.

5.1.2 Provide a written policy outlining procedures for supervising unlicensed staff.

5.2 Provide documentation of Supervisor's qualifications to provide supervision to pre or un-licensed treatment providers. Requested documentation to include:

- a. Supervisor's valid California license as a Psychologist, Psychiatrist, M.F.C.C. or L.C.S.W. for at least one year.
- b. Verification of three years of batterer's treatment and two years of facilitating batterers treatment groups.
- c. Copy of supervision log.
- d. Supervision of more than 2 interns requires documentation of: 500 hours of clinical supervisory experience. This experience must have been accumulated within the last ten years.

Provide a written outline of procedure for supervision of unlicensed facilitators and a copy of the log used to document supervised hours.

5.2.4 Supervisor must provide a certificate to verify completion of approved 40-hour basic domestic violence training. (LaMesa Counseling, Relationship Training Institute, Family Violence and Sexual Assault Institute).

5.2.5 Supervisor must apply and be approved by TEMC prior to supervising unlicensed treatment providers.

5.3 All group facilitators must provide a certificate to verify completion of 40 hours of approved domestic violence training. (Duluth, Geffner, Wexler)

5.4 No documentation requested for new applicants.

6.0 TREATMENT APPROACHES

- 6.1 Provide a position paper describing your philosophy on selecting treatment approaches for domestic violence perpetrators and outlining the procedures for screening clients out of group treatment and limiting group size to 12.
- 6.2 Provide a position paper regarding the connection between violence and substance abuse.
- Provide a policy statement regarding discharge of individuals who will not participate in required adjunctive substance abuse treatment.
- Provide requested documentation to include:
- a. Drug and/or alcohol abuse screening inventories or assessment tools or clinical interview screening for substance abuse.
 - b. Referral resources (on the County approved list) and procedures for client found needing alcoholism or drug abuse treatment.
 - c. Standardized Substance Abuse Assessment Information-Results-Recommendation form (Refer to Appendix VIII)
- 6.3 Provide a position paper stating your philosophy on inappropriate treatment approaches that may blame or endanger the victim.
- 6.4 Provide a position paper stating your philosophy regarding couples or family counseling for court ordered clients.

7.0 TREATMENT STANDARDS

- 7.1 Provide copies of your Intake Evaluation Forms. Refer to 7.1.1 and 7.1.2, Items 1-6 for required elements of the evaluation.
- Provide requested documentation to include:
- a. Copies of standardized screening instruments used in intake assessment.
- 7.1.3 Provide a policy statement acknowledging that a copy of the questions and answers from the intake evaluation must be placed in the client's file.
- 7.1.4 Provide a policy statement outlining the procedure that requires the conclusions drawn by the Intake Evaluator must be reviewed by a licensed mental health professional.
- 7.2 Provide a position paper outlining goals and objectives of the individualized treatment plan.
- 7.3 Provide copies of your Client Contract. Refer to 7.3.1 for required elements of the contract.

- 7.4 Provide a position paper describing your philosophy and outlining procedures for a treatment program with a minimum of 52 sessions over a one year time period.
- 7.5 Provide a written policy statement describing absence and tardy policy.
- 7.6 Provide a written policy and procedure detailing interaction with the victim.

Provide requested documentation to include:

- a. Provide a model safety plan (Refer to Appendix X).

- 7.7. Describe how your program will address the program content elements listed in 7.7.1-7.7.21.

Provide requested documentation to include:

- a. Copy of your Treatment Program's Curriculum Outline.

8.0 DISCHARGE CRITERIA

- 8.1 Provide a written policy and procedure detailing information source(s) including the SARA and process used to determine a client's termination from or successful completion of the Treatment Program.
- 8.2 Provide written policy and procedure demonstrating criteria for granting successful completion of client contract following an exit conference with the client.
- 8.3 Provide a written policy and procedure for termination or transfer of a client from the Program.
- 8.4 Provide a written policy or procedure describing how referral source agencies are notified of client's termination or completion of program. Provide requested documentation to include:
- a. Standardized DOMESTIC VIOLENCE PROGRAM REPORT (Refer to Appendix V).
- 8.5 Provide a written policy and procedure for re-admission of a client into the program.

APPLICATION FOR CERTIFICATION

Date

Submitted: _____

Program Name: _____

Address: _____

Mailing Address: _____

Telephone: () _____ () _____

Director's Name: _____

Facilitator/Counselor	Degree/Date	License/Date Expires	40-hr training Date/Presenter
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supervisor of Interns: _____

It is understood and agreed by the undersigned that

- (1) all statements and representations in this application are correct and true.
- (2) certification status granted as a result of this application is in accordance with all applicable laws, regulations and policies of the State of California, the Probation Department and the San Diego Domestic Violence Council. I agree to abide by the STANDARDS established by the SDDVC and Penal Code 1203.097 and comply with the certification process.
- (3) any proposed changes in the program as approved, will be submitted in writing by the applicant and upon notification of approval by the TEMC and Probation Department, shall be incorporated into and become a part of this application;
- (4) this approval is subject to annual renewal.
- (5) Submission of an Application for Certification does not guarantee certification.

ANY MISSTATEMENT OR MISREPRESENTATION IN THE APPLICATION PROCESS MAY BE CAUSE FOR DENIAL OR REVOCATION OF PROGRAM APPROVAL.

Program Administrator or Authorized Representative Title _____

Date _____

Signature _____

Date _____

APPLICATION FOR CERTIFICATION
PROGRAM INFORMATION

PROGRAM NAME: _____

ADDRESS: _____

TELEPHONE #'S: _____

CONTACT PERSON: _____

1. Program fees:

total initial interview fee _____
per group session _____
full program cost _____
* per individual session _____
* per couple session _____
*(as limited by treatment standards)

2. Low income defendants:

* total initial interview fee _____
* per group session _____
* full program cost _____
* # of slots avail. _____
*(as limited by treatment standards)

3. Other meeting locations: _____

4. Length of meetings: _____
Total # of meetings to complete the program: _____

5. Meeting days/times: (attach schedule)

6. Number of permitted absences: _____

7. Re-enrollment permitted: _____

8. Miscellaneous information: _____

I have read, understand, and agree to abide by the Standards for the Treatment of Domestic Violence Offenders and Penal Code Sections 1203.097 and 1203.098.

Signature

Printed Name

Program Name

Date

Agreement to Attend San Diego Treatment and Intervention Committee Meetings

I _____, program coordinator or licensed staff with _____ agency
agree to attend eight San Diego Treatment and Intervention Committee meetings each
year.

Date: _____

Signature: _____

Print Name: _____